



# Seedling Emergence & Vigor Assessment Checklist

## Field Preparation & Planting

Initial assessment of conditions before and during planting, impacting emergence.

### Date of Field Preparation

### Crop Species Planted

### Planting Depth (cm)

### Seed Spacing (cm)

### Seed Treatment Applied?

☐ Yes

☐ No

### Description of Field Preparation Methods (e.g., tillage, leveling)

Write something...

### Soil Moisture at Planting

- ☐ Dry
- ☐ Moist
- ☐ Wet

### Soil Temperature at Planting (degrees Celsius)

Enter a number...

## Germination Rate & Emergence

Evaluating the percentage of seeds that germinated and successfully emerged from the soil.

### Number of seeds planted per unit area

Enter a number...

### Number of seedlings emerged

Enter a number...

### Germination Rate (%)

Enter a number...

### Days to Emergence (Average)

Enter a number...

### Emergence Pattern

- ☐ Uniform
- ☐ Patchy
- ☐ Uneven
- ☐ Other (Specify)

### Describe any unusual or concerning emergence patterns observed

Write something...

### Date of Planting

Enter date...

### Date of Emergence Assessment

Enter date...

## Seedling Vigor & Health

Assessing the overall strength, health, and appearance of emerged seedlings.

### Average Seedling Height (cm)

Enter a number...

### Average Seedling Length of First True Leaves (cm)

Enter a number...

### Leaf Color Assessment

- ☐ Dark Green
- ☐ Light Green
- ☐ Yellowing
- ☐ Purple/Reddish
- ☐ Other (Specify)

### Detailed Description of Leaf Appearance (e.g., spotting, curling, necrosis)

Write something...

### Stem Strength Assessment

- ☐ Strong
- ☐ Moderate
- ☐ Weak
- ☐ Leggy

### Signs of Stress (Check all that apply)

- ☐ Wilting
- ☐ Stunting
- ☐ Chlorosis
- ☐ Necrosis
- ☐ None Observed

### Number of True Leaves per Seedling (Average)

Enter a number...

### Any other unusual observations about seedling health?

Write something...

## Environmental Factors

Recording and evaluating environmental conditions impacting seedling emergence and vigor.

### Date of Assessment

Enter date...

### Time of Assessment

### Soil Temperature (°C)

Enter a number...

### Air Temperature (°C)

Enter a number...

### Relative Humidity (%)

Enter a number...

### Rainfall (mm) in the last 24 hours

Enter a number...

### Soil Moisture Level

- ☐ Saturated
- ☐ Wet
- ☐ Moist
- ☐ Dry
- ☐ Very Dry

### Cloud Cover

- ☐ Clear
- ☐ Few Clouds
- ☐ Scattered Clouds
- ☐ Broken Clouds
- ☐ Overcast

### Additional Environmental Notes (e.g., unusual weather events)

Write something...

## Pest & Disease Observation

Monitoring for signs of pest infestations or diseases affecting seedlings.

### Observed Pests (Check all that apply)

- ☐ Aphids
- ☐ Cutworms
- ☐ Wireworms
- ☐ Flea Beetles
- ☐ Slugs
- ☐ Other (Specify in LONG\_TEXT)

### Specify 'Other' Pest Observed (if applicable)

Write something...

### Estimated Pest Infestation Level (%)

Enter a number...

### Observed Diseases (Check all that apply)

- ☐ Damping-off
- ☐ Seedling Blight
- ☐ Leaf Spot
- ☐ Root Rot
- ☐ Other (Specify in LONG\_TEXT)

### Specify 'Other' Disease Observed (if applicable)

Write something...

### Estimated Disease Incidence (%)

### Attach Photos of Pests/Diseases

 Upload File

### Date of Pest/Disease Observation

## Record Keeping & Follow-up Actions

Documenting observations and outlining necessary corrective measures.

### Assessment Date

### Assessment Time

### Detailed Notes & Observations

### Estimated % of Replant Needed



### Overall Assessment Severity (e.g., Low, Moderate, High)

- ☐ Low
- ☐ Moderate
- ☐ High

### Follow-up Actions Required (check all that apply)

- ☐ Replanting
- ☐ Adjust Irrigation
- ☐ Fertilizer Adjustment
- ☐ Pest/Disease Treatment
- ☐ Soil Amendment
- ☐ None

### Person Responsible for Follow-up

Write something...

### Date of Next Follow-up Assessment

Enter date...

### Attach Photos/Supporting Documents

 Upload File